



TICKET HOLDER ISSUES RESOLUTION FORM

This form specifically applies to consumer complaints of ticket purchasers or ticket holders that have not been resolved in an informal manner. The Hoosier Lottery will issue a written decision upon a full review of the information in this form.

MAIL TO:
HOOSIER LOTTERY
ATTN: INTERNAL AUDITOR
201 S. CAPITOL AVE.
INDIANAPOLIS, IN 46225

INSTRUCTIONS:

- YOU MUST FILL OUT THE FORM COMPLETELY.
- PLEASE PRINT.
- PLEASE ATTACH THE ORIGINAL TICKET IN QUESTION, AND MAINTAIN A COPY FOR YOUR RECORDS.
- WE SUGGEST THAT YOU MAINTAIN A COPY OF THIS FORM AND ALL ATTACHMENTS FOR YOUR RECORDS.
- **PROPOSING A REMEDY AS REQUESTED DOES NOT GUARANTEE THAT SAID REMEDY WILL BE ACCEPTED.**

DATE OF COMPLAINT: _____

NAME OF GAME: _____

DATE OF PURCHASE: _____

TICKET NUMBER(S): _____

NAME: _____
LAST NAME FIRST NAME

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE NUMBER: _____

WHERE WAS TICKET PURCHASED? (LIST NAME OF STORE, CITY OR LOCATION) _____

TOTAL NUMBER OF TICKETS PURCHASED AT TIME OF TICKET IN QUESTION: _____

DETAILS OF COMPLAINT: _____

PROPOSED REMEDY: _____

FOR LOTTERY USE ONLY

DATE RECEIVED: _____

DATE OF POSTMARK ON ENVELOPE: (STAPLE ENVELOPE TO THIS FORM) _____

FORWARDING INFORMATION: (INITIAL AND DATE)

FORWARDED TO: _____ DEPT. MANAGER: _____

INITIALS OF REVIEWER: _____ DATE RECEIVED: _____

OUTCOME OF REVIEW: _____

APPROVED BY EXECUTIVE DIRECTOR: _____

PLEASE ATTACH A COPY OF LETTER SENT TO CUSTOMER TO THIS FORM.